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(202) 659-0830

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FILED VIA ECFS

Marlene H. Dortch, Secretary Federal Communications Commission 445 12th Street, S.W. Washington, DC 20554

RE: Form 481 – Carrier Annual Reporting Data Collection Form WC Dockets No. 10-90 and 11-42

Dear Ms. Dortch:

Pursuant to sections 54.313(i) and 54.422(c) of the Commission's Rules¹ and the Commission's *Public Notice* in this proceeding, Iowa Wireless Services, L.P. ("the Company") hereby submits a copy of its "FCC Form 481 – Carrier Annual Reporting Data Collection Form," which was timely filed with the Universal Service Administrative Company and the appropriate state commission on or before October 15, 2013.

Due to temporary closure of the Commission's filing window, mail room, and electronic filing systems beginning October 1, 2013, this filing is being submitted on the business day following the day of return to normal operations in accordance with the Commission's Public Notice on filing procedures in the event of a lapse in funding.³ If you have any questions regarding these matters, please contact undersigned counsel.

Respectfully submitted,

^{1 47} CFR §§54.313 and 54.422.

² Wireline Competition Bureau Announces Filing Deadline of October 15, 2013 for Eligible Telecommunications Carriers to File High-Cost and Low-Income Annual Reports, PUBLIC NOTICE, WC Dockets No. 10-90 and 11-42, DA 13-1707, released August 6, 2013.

³ Procedures for Filings in the Event of a Lapse in Funding, PUBLIC NOTICE, released October 1, 2013.

| CONTRACTOR OF THE PROPERTY OF | m 481's Carrier Annual Reporting Hection Form | | FEC For OMB Co Luly 2013 | ntrol No. 3060-0986 | /OMB Control Na (3060-0819) |
|---|--|----------------------|--|--|--|
| <010> | Study Area Code | 359027 | | | |
| <015> | Study Area Name | IOWA WIRELESS SERV | ICES, L.P. | | |
| <020> | Program Year | 2014 | | | |
| <030> | Contact Name: Person USAC should contact with questions about this data | Shirlee Hallman | | | |
| <035> | Contact Telephone Number: Number of the person Identified in data line <030. | 515-258-7509 > | | | nontro collecte de la colonida de l |
| <039> | Contact Email Address: Email of the person identified in data line <030> | shirlee.hallman0i | wireless.com | | |
| ANNUA | LREPORTING FOR ALL CARRIERS | | | to the second of | 54:313 54:422 completion Completion Required Required |
| <100> | Service Quality Improvement Reporting | | (complete attached worksheet) | E | (check box when complete) |
| <200> <210> | Outage Reporting (voice) | no outages to report | (complete attached worksheet) | | |
| <310> | Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband) | 0 | (attach descriptive document) | | · · |
| <400> <410> <420> <430> <440> <450> | Number of Complaints per 1,000 customers (voice Fixed 0.0 Mobile 0.0 Number of Complaints per 1,000 customers (broative Mobile Mobile | | | C | |
| <1110> | Service Quality Standards & Consumer Protection Service Quality Standards & Cd Functionality in Emergency Situations Emergency Policy Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rata Comparability Terrestrial Backhaul (Y/N)? Terms and Condition for Lifeline Customers | Rules Compliance | (check to indicate certification) (attached descriptive document) (check to indicate certification) (attached descriptive document) (complete ottached worksheet) (complete ottached worksheet) (complete ottached worksheet) (plyes, complete attached worksheet) (check to indicate certification) (attach descriptive document) (if not, check to indicate certification) (complete attached worksheet) (complete attached worksheet) | | |
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| <3000> <3005> | Rate of Return Carriers, Proceed to <u>ROR Addition</u> | al Documentation W | orksheet (check to indicate certification) (complete attached worksheet) | | |

| C010> Study Area Code 35927 C0155 Study Area Name 109. MIRRELEAS SERVICES. 1 P. 2014 2020 Program Year 2014 C030> Contact Name - Person USAC should contact regarding this data Stuther shallham C035> Contact Telephone Number - Number of person identified in data line <030> 515-256-7589 C035> Contact Telephone Number - Number of person identified in data line <030> 515-256-7589 C035> Contact Email Address - Email Address of person identified in data line <030> 515-256-7589 C035> Contact Email Address - Email Address of person identified in data line <030> 515-256-7589 C035> Contact Email Address - Email Address of person identified in data line <030> 515-256-7589 C030> Contact Email Address - Email Address of person identified in data line <030> 515-256-7589 C030> Contact Email Address - Email Address of person identified in data line <030> 515-256-7589 C030> Contact Email Address - Email Address of person identified in data line <030> 515-256-7589 C030> Contact Email Address - Email Address of person identified in data line <030> 515-256-7589 C030> Contact Email Address - Email Address of person identified in data line <030> 515-256-7589 C030> Contact Email Address - Email Address of person identified in data line <030> 515-256-7589 C030> Contact Email Address - Email Address of person identified in data line <030> 515-256-7589 C030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address of person of the PCC of the | 本名的なななの | ervice Quality Improvement Reporting. Dilection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
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| CODD Program Year CODD Program Year | <010> | Study Area Code 359027 | |
| | <015> | Study Area Name IONA WIR | ELESS SERVICES, L.P. |
| Contact Telephone Number - Number of person identified in data line <0305 | <020> | Program Year 2014 | |
| Contact Email Address - Email Address of person identified in data line <030> shirles-hallmen@ivireless.com | <030> | Contact Name - Person USAC should contact regarding this data | niriee Hallman |
| All Has your company received its ETC certification from the FCC? (yes / no) O | <035> | Contact Telephone Number - Number of person identified in data line <030> | 515-258-7509 |
| If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? If your answer to Line <111> is yes, then you are required to file a progress report, on line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § \$4.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § \$4.313(a)(1). If your company is a CETC which only receives froze support, your progress report is only required to address voice telephony service. Name of Attached Document (.pdf) Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate. C113 Maps detailing progress towards meeting plan targets C114 Report how much universal service (USF) support was received C115 How (USF) was used to improve service quality How (USF) was used to improve service coverage C117 How (USF) was used to improve service capacity C118 Provide an explanation of network improvement targets not met | <039> | Contact Email Address - Email Address of person identified in data line <030> | shirlee.hallman@iwireless.com |
| If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service. Name of Attached Document (.pdf) Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate. <113> Maps detailing progress towards meeting plan targets <114> Report how much universal service QUSF) support was received <115- How (USF) was used to improve service coverage | <110> | | (yes/no) O O |
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| <117> How (USF) was used to improve service capacity <118> Provide an explanation of network improvement targets not met | <115> | · · · | |
| <118> Provide an explanation of network improvement targets not met | <117> | • • | |
| In the prior calendar year. | <118> | | |

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| <015> | Study Area Name | iona wireless services, L.P. | | | |
| <020> | Program Year | 2014 | | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Shirlee Hallman | | | |
| <035> | > Contact Telephone Number - Number of person identified in data line <030> 515-258-7509 | | | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> shirles hallman@ivireless.com | | | | |

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| | ce Offerings Including Voice Rate Data lection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
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| <010> | Study Area Code | 359027 | |
| <015> | Study Area Name | IOWA WIRELESS SERVICES, L.P. | |
| <020> | Program Year | 2014 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Shiriee Haliman | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | \$15-258-7509 | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | shirlee.hallman@iwireless.com | |
| <701> | Residential Local Service Charge Effective Date 1/1/2013 | | |

<702> Single State-wide Residential Local Service Charge

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| Data Collection Form OMB Control No. 3060-0986 / OMB Control No. 3060-0986 July 2013 | |

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| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Shirlee Nallman |
| <035> | Contact Telephone Number - Number of person identified in data line <030 | ₅ 515-258-7509 |
| <039> | Contact Email Address - Email Address of person identified in data line <03 | O> shirlee.hallmanĉivireless.com |

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| - 8 | Section Section | ection Form | | OMB Control No. 3050-0986/OMB Control No. 3060-0819 | | | | |
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| S S | <015> | Study Area Name | | 10%A HIRELSS SERVICES, L.P. | | | | |
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| _ | <039> | Contact Email Address - | Email Address of person identified in data line < | 030> shirlee.hallman@iwircless.com | | | | |
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| | <810> | Reporting Carrier | Iowa Wireless Services, LLC | | | | | |
| | ~<811> | Holding Company | | | | | | |
| | <812> | Operating Company | Iowa Wireless Services, LLC | | | | | |

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| Data Coll | ection:Form | OMB Control No: 3050-0986/OMB Control No: 3050-0819 |
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| <039> | Contact Email Address - Email Address of person identified in data line | e <030> shirlee.hallman@iwireless.com |
| <910> | Tribal Land(s) on which ETC Serves | |
| | | |
| <920> | Tribal Government Engagement Obligation | Name of Attached Document (.pdf) |
| | If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: | |
| | | Select (Yes,No, NA) |
| <921> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions; | |
| <922> | Feasibility and sustainability planning; | |
| <923> | Marketing services in a culturally sensitive manner; | |
| <924> | Compliance with Rights of way processes | NATION OF THE PROPERTY OF THE |
| <925> | Compliance with Land Use permitting requirements | |
| <925> | Compliance with Facilities Siting rules | |
| <927> | Compliance with Environmental Review processes | |
| <928> | Compliance with Cultural Preservation review processes | The state of the s |
| <929> | Compliance with Tribal Business and Licensing requirements. | |
| \DL3> | Compliance with finds business and alterising requirements. | I |

| (1100) No | Terrestrial Backhaul Reporting | FCC Form 481 |
|-----------|---|---|
| Data Coll | ection Form | OMB Control No. 3060-0986/DMB Control No. 3060-0819 |
| | | July 2013 |
| | | |
| <010> | Study Area Code | 355027 |
| <015> | Study Area Name | IOWA WIRELESS SERVICES, L.P. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Shirlee Hallman |
| _<035> | Contact Telephone Number - Number of person identified in data line <030> | 515-258-7509 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | shiriee.hallman@iwireless.com |
| <1120> | Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) | |
| <1130> | Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) | |
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10/15/2013 Page 8

| (1200) Te Lifeline | rms and Condition for Lifeline Customers | | ECC.Form 481 DMB.Control No. 3060-0986/OMB.Control No. 3060-0819. |
|-----------------------|--|-----------|---|
| 一种大块的 | ection Form | | July 2013 |
| <010> | Study Area Code | 3 | 159027 |
| <015> | Study Area Name | | IOWA WIRELESS SERVICES, L.P. |
| <020> | Program Year | | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | | Shirlee Hallman |
| <035> | Contact Telephone Number - Number of person identified in data li | ne <030> | 515-258-7509 |
| <039> | Contact Email Address - Email Address of person identified in data l | ine <030> | shirlee.hallman&iwireless.com |
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans | | ome of attached document (.pdf) |
| <1220> | Link to Public Website | HTTP | ttps://www.iwireless.com/customer_support-lifeline.asp |
| | "Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: | | |
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | | |
| <1222> | Details on the number of minutes provided as part of the plan, | ~ | |
| <1223> | Additional charges for toll calls, and rates for each such plan. | | |

| Data Coll | ice Cap Carrier Additional Documentation ection Form Rate: of-Return Carriers affiliated with Price Cop Local Exchange Carriers | | FEE Form 481. OMB Control No. 3060-0986/OMB Control No. 3060-0819. July 2013 |
|-----------|---|--|--|
| <010> | Study Area Code 359027 | | |
| <015> | | RELESS SERVICES, L.P. | |
| <020> | Program Year 2014 | | |
| <030> | Contact Name - Person USAC should contact regarding this data Shirlee | Rallwan | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> 515- | 258-7509 | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> shirt | lee.hallman@iwireless.com | |
| CHECK th | ue boxes below to note compliance as a recipient of Incremental Connect America Pha support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the i | se I support, frozen High Cost support, High Cost support to offs nformation reported on this form and in the documents attache | The state of the s |
| | Incremental Connect America Phase I reporting | | |
| <2010> | 2nd Year Certification (47 CFR § 54.313(b)(1)} | | |
| <2011> | 3rd Year Certification (47 CFR § 54.313(b)(2)) | | |
| | Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) | | |
| <2012> | 2013 Frozen Support Certification | | |
| <2013> | 2014 Frozen Support Certification | | |
| <2014> | 2015 Frozen Support Certification | | |
| <2015> | 2016 and future Frozen Support Certification | | |
| | Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} | | |
| <2016> | Certification Support Used to Build Broadband | | |
| | Connect America Phase II Reporting (47 CFR § 54.313(e)) | | |
| <2017> | 3rd year Broadband Service Certification | | |
| <2018> | 5th year Broadband Service Certification | | |
| <2019> | Interim Progress Certification | | |
| <2020> | Please check the box to confirm that the attached PDF, on line 2021, | | |
| | contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipien | : | [1000,000] |
| | of CAF Phase II support shall provide the number, names, and addresses of | | |
| | community anchor institutions to which began providing access to broadband | | |
| | service in the preceding calendar year. | | |
| <2021> | Interim Progress Community Anchor Institutions | Name of Attached Document Listing Required Information | |
| | - , | • | |

Page 11

| FCC form 481, OME CONTO. No. 3050-0386 OME CONTO. No. 3460-0819 UNY 2013 | | 7-14-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | And the state of t | | | onsome acceptions of the control of | | | | | [Yes/Ro] | | | [Ves/No] | | | | | | | | The state of the s |
|---|------------------------------|---|--|--------------|--|--|--------------------------------|---|---|--|---|---------------------------------------|--|--|---|--|---|--|---|---|--|--|
| | | IOWA WIRELESS SERVICES, L.P. | Shirles Ballman | 515-258-7509 | shirlee hallmanêivireless.com | are successive entire to the control of the section | | Name of Attached Document Listing Required Information | | Name of Attached Document Listing Required Information | | | | Name of Attached Document Listing Required Information | | | | | | | | Name of Attached Document Ilsting Required Information |
| (3000) Rare Df Return Carrier Audithonal Documentation: Data Coffestion Form | Olith Study Area Code 359027 | | <0.20> Program Year 2.014 <0.030> Contact Name - Decem 1000 charild contact researding this data. | a line <03 | -0395 Contact Email Address - Email Address of person identified in tate line Contact Email Address - Email Address - Email Address of person identified in tate line Contact Email Address - Email Address - Email Address of person identified in tate line Contact Email Address - Email Address - Email Address of person identified in tate line Contact Email Address - Email Address - Email Address of person identified in tate line Contact Email Address - Email Address - Email Address of person identified in tate line Contact Email Address - Email Address - Email Address of person identified in tate line Contact Email Address - Email Address - Email Address of person identified in tate line Contact Email Address - Email Address - Email Address of person identified in tate line Contact Email Address - Email Address - Email Address of person identified in tate line Contact Email Address - Email Address - Email Ad | CHECK the baxes below to note compliance on its five year service quality pian (pursant to 47 CFR § \$4.20(a)) and, for privately helt carriess, ensuring compliance with the financial reporting requirements set forth in 47 CFR § \$4.20(a)) and, for privately helt carriess, ensuring compliance with the financial reporting requirements set forth in 47 CFR § \$4.20(a)) and for privately that the information reported on this form and in the documents attached below is accurate. | Progress Report on S Year Plan | Milestone Cortification [47 CFR § 54.313f(11)f(1) Please check this box to confirm that the attached PDF , on line 3012, | contains the required information pursuant to § 54.313 ([[1]][i]) as a recipient of CAE Phase II support shall provide the number, names, and addresses of community anchor lustitutions to which began providing access to broathand service in the preceding celender year. | Community Anchor institutions (47 CFR § 54.313(I)(1)(I)) | is year company a Privariely Held ROR Curine (47 CER § 54.513(R)2)] [Figs, does your company flet the RUS annual report Please check there boxes to confirm that the attached PDF, on fine 30.17. Please check there boxes to confirm that the attached PDF, on fine 30.17. contrains the required information pursuent to § 54.313(R)2 (compliance | require. Everomizations Borrowers} | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | If the response is yes on line 2014, attach your company'r RUS annual report and all required documentation if the response is no on live 2014, is your company audited? | If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313[f](2), contains | Ether a copy of their audited financial stakement or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, income Statement and Statement of Cash Flows | Management fetter issued by the independent certified public accountant that performed the company's financial audit. | If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant, or 2, a financial report in a format camparable to RUS Operating Report for Telecommunications | Borrowers, Moderlying information subjected to a review by an independent certified | public accountant. Underlying information subjected to an officer certification. | PDF of Balance Sheet, Income Statement and Statement of Cosh Flows | Attach the worksheet fisting required information |
| (3000) F Data Co | 4010 | 40155 | 8 | \$30 | 4939 | CHECK | | (3010) | (1106) | (3012) | (3013) | (301S) | (3016) | (3017) | | (3020) | (3021) | (3022) | (3023) | (3024) | (3025) | (3026) |

| \$14,200,000,000,000,000 | ion - Reporting Carr ection Form | iër FCC Form481 OMB*Control No. 3060-0986/OMB*Control No. 3060-0819 July 2013 |
|--------------------------|-------------------------------------|--|
| <010> | Study Area Code | 359027 |
| <015> | Study Area Name | towa wireless services, L.P. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Pers | on USAC should contact regarding this data Shirlee Hallman |
| <035> | Contact Telephone N | lumber - Number of person identified in data line <030> 515-238-7509 |
| <039> | | ss - Email Address of person identified in data line <030> #hirlee.hellman@iwireless.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | | | | | | |
|---|---|-------------------------------------|--|--|--|--|
| certify that I am an officer of the reporting carrier; my responsibilitie recipients; and, to the best of my knowledge, the information reporte | | ments for universal service support | | | | |
| Name of Reporting Carrier: TOWN WIRELESS SERVICES, L.P. | | | | | | |
| Signature of Authorized Officer: CERTIFIED ONLINE | | Date 10/15/2013 | | | | |
| Printed name of Authorized Officer: David Frost | | | | | | |
| Title or position of Authorized Officer; CFO | | | | | | |
| Telephone number of Authorized Officer: 515-258-7000 | | | | | | |
| Study Area Code of Reporting Carrier: 359027 | Filing Due Date for this form; 10/15/2013 | | | | | |

Attachments

Iowa Wireless Services, LLC SAC 359027 Service Policy Standards and Consumer Protection Rules

The Company complies with applicable federal and Iowa service quality standards and consumer protection rules with respect to its basic voice services and Lifeline services, including requirements regarding contractual terms and conditions, lists of features and services, deposits, billing periods, late payment fees, disconnection and reconnection.

Iowa Wireless Services, LLC SAC 359027 Emergency Policy

The Company has examined the ability of its network to remain functional in the event of the occurrence of the types of emergency situations likely to impact its service area such as severe snow and ice storms. On the basis of its risk assessments, the Company has determined that it has available a reasonable amount of back-up power to ensure the functionality of its affected cell sites for at least 8 hours without an external power source. The Company also has concluded from its risk assessments that its network has reasonable and sufficient options for routing traffic around the facilities most likely to be damaged in the relevant emergencies, and that its network has sufficient capacity to manage most traffic spikes resulting from such emergencies